

## QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?:

\_\_\_\_\_

2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) \_\_\_\_\_? Yes No

3. What is the license number issued to you by the SPL board? \_\_\_\_\_

4. Which of the following apply to you(at least one must apply)?

a. Your primary residence is in the SPL \_\_\_\_\_: Yes No

If yes, provide the following:

Residence Street address \_\_\_\_\_

Residence City State Zip \_\_\_\_\_  
City St Zip

b. At least 25% of your practice of medicine occurs in the SPL \_\_\_\_\_ Yes No

If yes, describe your current practice \_\_\_\_\_

\_\_\_\_\_

c. Your employer is located in the SPL \_\_\_\_\_: Yes No

If Yes, Employer name \_\_\_\_\_

Employer street address \_\_\_\_\_

Employer City State Zip \_\_\_\_\_  
City St Zip

d. You have designated the SPL \_\_\_\_\_ as your state of residence for U.S. federal income tax purposes: Yes No

If yes, give Tax ID # (SS#, EIN) \_\_\_\_\_ (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes No

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? Yes No

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes No

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? Yes No

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? Yes No

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? Yes No

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No

12. Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? Yes No

Physician's Signature: \_\_\_\_\_

Type Name: \_\_\_\_\_

Date: \_\_\_\_\_